



PART B - FEE(S) TRANSMITTAL

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Michael M. Rickin, Esq.
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Legal Department - 4U6
29801 Euclid Avenue
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Debra Rietze	(Depositor's name)
<i>Debra Rietze</i>	(Signature)
August 4, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/001,408	10/22/2001	Shizhong Duan	E20001070	3053

TITLE OF INVENTION: SPRAYING NOZZLE FOR REWET SHOWERS

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	09/18/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
FORTUNA, JOSE A	1731	162-207000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OK, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Michael M. Rickin

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

ABB Inc.

North Vancouver, British Columbia Canada

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☐ A check in the amount of the fee(s) is enclosed.☒ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☐ Advance Order - # of Copies _____☒ The Transmittal is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0877 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Michael M. Rickin 8/4/03

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Adjustment date: 08/11/2003 STEUHEL2

08/08/2003 STEUHEL2 00000018 050877 10001408

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